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Image# 14941726913

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authori	zed Com	_			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typin r the lines.	g, type	12FE4M5	
Kleinhendler For Co	ongress					1
I						
	PO Box 1692					
ADDRESS (number and street						
Check if different than previously reported. (ACC)	Brick				NJ L	08723
2. FEC IDENTIFICATION	NUMBER ▼	CITY			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00554311		IS THIS REPORT	× NEW (N)	OR	AMENE (A)	
4. TYPE OF REPORT	(Choose One)	O Day DDE	Election Repo	ut fau thai		
(a) Quarterly Reports:	(b) 1	2-Day PRE-			1	
April 15 Quarte	erly Report (Q1)		Primary (12P)	F	General (*	
X July 15 Quarte	rly Report (Q2)	ш	Convention (12C)	Special (1	2S)
October 15 Qu	arterly Report (Q3)	Election on	M M /	D D /	YYYY	in the State of
January 31 Yea	ar-End Report (YE) (c) 3	0-Day POS	-Election Rep	ort for the:		
			General (30G		Runoff (30	OR) Special (30S)
Termination Re		Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period)14 Y	through	M M M 06	30	Y Y Y Y Y 2014
I certify that I have examine	d this Report and to the be	est of my kno	owledge and l	pelief it is tru	ie, correct and	d complete.
Type or Print Name of Treas	Howard Kleinhendler					
Signature of Treasurer	Howard Kleinhendler		Electronically 1	<i>Filed]</i> D	ate 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, e	rroneous, or incomplete infor	mation may s	ubject the per	son signing t	his Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 19

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name Kleinhendler For Congress

Report Covering the Period:	From:	M M /	15	/ Y Y Y Y 2014	To:	M M M	30	/ Y Y Y Y Y 2014

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
3.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	1000.00	1000.00
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1000.00	1000.00
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	49444.48	49444.48
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	49444.48	49444.48
	Cash on Hand at Close of Reporting Period (from Line 27)	-30494.48	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	17950.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

PAGE 3 / 19

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kleinhendler For Congress

I. RECEIPTS		I. RECEIPTS COLUMN A Total This Period		
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than			
	Political Committees (i) Itemized (use Schedule A)	1000.00	1000.00	
	(ii) Unitemized	0.00	0.00	
	(iii) TOTAL of contributions from individuals	1000.00	1000.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1000.00	1000.00	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
12	LOANS:	9 9	7 7	
٥.	(a) Made or Guaranteed by the Candidate	17950.00	17950.00	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	17950.00	17950.00	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	18950.00	18950.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 19

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	49444.48	49444.48
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	7 7 7	
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	49444.48	49444.48
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	18950.00
25.	SUBTOTAL (add Line 23 and Line 24)		18950.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	49444.48
		,	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE		<u> </u>	OF	19	
(check only one)									
X	11a		11b		11c		11	d	
	12		13a		13b		14	ļ	15

		Statements may not be sold or used by any pe e name and address of any political committee		
	NAME OF COMMITTEE (In Full) Kleinhendler For Congress			
Α.	Full Name (Last, First, Middle Initial) Isaac Meisels Mailing Address 165 Taylor Street	saac Meisels		
	City Brooklyn	State Zip Code NY 11211	75 23 2014 Transaction ID : SA11AI.4143	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period	
	Name of Employer priceless Resource Inc Receipt For: 2014 Primary General	Occupation Electronics wholesaler Election Cycle-to-Date	campaign contribution	
_	Other (specify)	1000.00		
В.	Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt	
	City	State Zip Code		
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period	
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date		
_	Full Name (Last, First, Middle Initial)		Date of Receipt	
C.	Mailing Address	M M / D D / Y Y Y Y		
	City	State Zip Code		
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date		
S	SUBTOTAL of Receipts This Page (optional)		1000.00	
T	OTAL This Period (last page this line number	only)	1000.00	

	ı		
SCHEDULE A (FEC Form 3)		Han name with the LLC	FOR LINE NUMBER: PAGE 6 OF 19
·		Use separate schedule(s) for each category of the	(check only one)
TEMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 11d 11d 12 X 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kleinhendler For Congress			
Full Name (Last, First, Middle Initial) Howard Kleinhendler			
1.			Date of Receipt
Mailing Address 8 Cabinfield Circle			05 21 2014
City	State	Zip Code	Transaction ID : SA13A.4140
Lakewood	NJ	08701	
FEC ID number of contributing federal political committee.	С на	NJ03114	Amount of Each Receipt this Period
Name of Employer	Occupation	 	7000.00
Wachtel Missry LLP	Attorney		Loan
Receipt For: 2014	Election Cy	/cle-to-Date	
Primary General		7000.00	1
Other (specify)		7000.00	l
Full Name (Last, First, Middle Initial)			
Howard Kleinhendler			Date of Receipt
Mailing Address 8 Cabinfield Circle			05 27 2014
City	State	Zip Code	Transaction ID : SA13A.4150
Lakewood	NJ	08701	Transaction is 1 c/(10/ii11100
FEC ID number of contributing federal political committee.	C H4N	JJ03114	Amount of Each Receipt this Period
Name of Employer	Occupation	1	5000.00
Wachtel Missry LLP	Attorney		Loan
Receipt For: 2014		/cle-to-Date	
Primary General	Licotion o	yole to Bate	1
Other (specify)		12000.00	
Full Name (Last, First, Middle Initial) Howard Kleinhendler			Date of Receipt
Mailing Address 8 Cabinfield Circle			05 29 2014
City Lakewood	State NJ	Zip Code 08701	Transaction ID : SA13A.4155
	140	UO1U1	
FEC ID number of contributing federal political committee.	С ни	NJ03114	Amount of Each Receipt this Period
Name of Employer	Occupation	<u> </u>	950.00
Wachtel Missry LLP	Attorney		Loan
Receipt For: 2014	Election Cy	/cle-to-Date	
Primary General		/ / / / / / / / / / / / / / / / / / / /	1
Other (specify)		12950.00	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 19 (check only one) 11a 11b 11c 11d 12 X 13a 13b 14 15
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kleinhendler For Congress			
Full Name (Last, First, Middle Initial) A. Howard Kleinhendler			Date of Receipt
Mailing Address 8 Cabinfield Circle			06 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lakewood	State NJ	Zip Code 08701	Transaction ID : SA13A.4162
FEC ID number of contributing federal political committee.	С н4	NJ03114	Amount of Each Receipt this Period
Name of Employer Wachtel Missry LLP	Occupation Attorney	1	5000.00 Loan
Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 17950.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
B. Mailing Address	M M / D D / Y Y Y Y		
City			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
Full Name (Last, First, Middle Initial)			Date of Receipt
C. Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.	, ,		Amount of Each Receipt this Period
Name of Employer	Occupation	١	
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
SURTOTAL of Receipts This Page (ontion	1		5000.00

TOTAL This Period (last page this line number only).....

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) / of the	FOR LINE NUMBER: PAGE 8 OF 19 (check only one) X 17
	y information copied from such Reports and Statements me for commercial purposes, other than using the name and			person for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) Kleinhendler For Congress			
۹.	Full Name (Last, First, Middle Initial) Chris Coleman Mailing Address 219 Reeves Ave			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Browns Mills NJ Purpose of Disbursement campaign work Candidate Name Kleinhendler For Congress Office Sought: House Senate President President State: NJ District: 03	General	Category/ Type	Amount of Each Disbursement this Period 1500.00 Transaction ID: SB17.4138
3.	Full Name (Last, First, Middle Initial) Chris Coleman Mailing Address 219 Reeves Ave			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Browns Mills NJ Purpose of Disbursement campaign work Candidate Name	Zip Code 08015		Amount of Each Disbursement this Period 1700.00 Transaction ID: SB17.4142
	Kleinhendler For Congress Office Sought: Yhouse Disbursement For Senate President	General	Category/ Type	
Э.	Full Name (Last, First, Middle Initial) Mortisha Coleman Mailing Address 219 Reeves Avenue			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Browns Mills NJ 0 Purpose of Disbursement catering for campaign event Candidate Name Kleinhendler For Congress	p Code 08015	Category/ Type	Amount of Each Disbursement this Period 1650.00 Transaction ID: SB17.4159
	Office Sought: House Disbursement For Primary	General		
				4050.00

SUBTOTAL of Disbursements This Page (optional).....

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 19 (check only one) X 17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		ny person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kleinhendler For Congress		
Full Name (Last, First, Middle Initial) A. Jimmy Esposito		Date of Disbursement
Mailing Address 381 Rose Court		05 19 2014
City State Lakewood NJ Purpose of Disbursement campaign work	Zip Code 08701	Amount of Each Disbursement this Period 1000.00 Transaction ID: SB17.4139
State: NJ District: 03		ry/
Full Name (Last, First, Middle Initial) Jimmy Esposito Mailing Address 381 Rose Court		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Lakewood NJ	Zip Code 08701	Amount of Each Disbursement this Period
Purpose of Disbursement campaign work Candidate Name Kleinhendler For Congress Office Sought: House Disbursement For	Categor Type r: 2014	1500.00 Transaction ID : SB17.4145
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address 381 Rose Court		06 16 2014
Lakewood NJ Purpose of Disbursement campaign work Candidate Name Kleinhendler For Congress Office Sought: House Senate Disbursement For Primary		Amount of Each Disbursement this Period 110.00 Transaction ID : SB17.4168
SUBTOTAL of Disbursements This Page (optional)		2610.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Image# 14	1941726922				
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 10 OF 19 (check only one) X 17
					person for the purpose of soliciting contributions e to solicit contributions from such committee.
\	OF COMMITTEE (In Full) Ihendler For Congress				
A. Face	me (Last, First, Middle Initial) book Inc Address 1601 Willow Road				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
campa	e of Disbursement iign advertising	State CA	Zip Code 94025		Amount of Each Disbursement this Period 752.20 Transaction ID : SB17.4152
	And the Name Sought: NJ District: 03	Disbursement For X Primary Other (s	General	Category/ Type	
B. Face	me (Last, First, Middle Initial) book Inc Address 1601 Willow Road				Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Facebook Inc Mailing Address 1601 Willow Road City Zip Code State Amount of Each Disbursement this Period CA 94025 Menlo Park 774.32 Purpose of Disbursement campaign advertising Transaction ID: SB17.4154 Candidate Name Category/ Kleinhendler For Congress Type Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) President District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Facebook Inc Mailing Address 1601 Willow Road 06 02 2014 City Zip Code State Amount of Each Disbursement this Period 94025 Menlo Park CA Purpose of Disbursement 217.98 campaign advertising Transaction ID: SB17.4163 Candidate Name Category/ Kleinhendler For Congress Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) NJ State: District: 03

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 11 OF 19 (check only one) X 17
	ny information copied from such Reports and Statements or for commercial purposes, other than using the name and			
	NAME OF COMMITTEE (In Full) Kleinhendler For Congress			
Α.	Full Name (Last, First, Middle Initial) Gangi Graphics			Date of Disbursement
	Mailing Address 1669 Route 88 W			05 30 2014
	City State Brick NJ	Zip Code 08724		Amount of Each Disbursement this Period
	Purpose of Disbursement campaign literature			3470.01 Transaction ID : SB17.4158
	Candidate Name Kleinhendler For Congress		Category/ Type	
	Office Sought: House Disbursement Formation		7.	
_	State: NJ District: 03 Full Name (Last, First, Middle Initial)			
В.	Gangi Graphics			Date of Disbursement
	Mailing Address 1669 Route 88 W			06 09 2014
	City State Brick NJ	Zip Code 08724		Amount of Each Disbursement this Period
	Purpose of Disbursement campaign literature			3603.76 Transaction ID : SB17.4166
	Candidate Name Kleinhendler For Congress		Category/ Type	_
	Office Sought: Younge			
	State: NJ District: 03			
C.	Full Name (Last, First, Middle Initial) Gangi Graphics			Date of Disbursement
	Mailing Address 1669 Route 88 W			06 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Zip Code 08724		Amount of Each Disbursement this Period
	Purpose of Disbursement campaign literature			750.00
	Candidate Name Kleinhendler For Congress Categor Type			Transaction ID : SB17.4167
	Office Sought: House Disbursement Fo	-		
Г	State: NJ District: 03			
				7823.77

SUBTOTAL of Disbursements This Page (optional).....

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) / of the	FOR LINE NUMBER: PAGE 12 OF 19 (check only one) X 17
	y information copied from such Reports and Statements n for commercial purposes, other than using the name and			erson for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) Kleinhendler For Congress			
١.	Full Name (Last, First, Middle Initial) Greenrose Media Inc			Date of Disbursement
	Mailing Address 9 Penny Lane			05 23 2014
	City State Bayville NJ	Zip Code 08721		Amount of Each Disbursement this Period
	Purpose of Disbursement campaign advertising			1000.00 Transaction ID : SB17.4146
	Candidate Name Kleinhendler For Congress	2011	Category/ Type	
	Office Sought: House Disbursement Form	General		
	Full Name (Last, First, Middle Initial)			
3.	JL Media Inc.			Date of Disbursement
	Mailing Address 1600 Route 22			05 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Union NJ Purpose of Disbursement	07083		14922.90
	campaign advertising Candidate Name		Category/	Transaction ID : SB17.4133
	Kleinhendler For Congress Office Sought:	r: 201 <i>4</i>	Туре	
		General		
	Full Name (Last, First, Middle Initial)			
).	JL Media Inc.			Date of Disbursement
	Mailing Address 1600 Route 22			05
	•	ip Code 07083		Amount of Each Disbursement this Period
	Union NJ C Purpose of Disbursement campaign advertising	77063		2121.25
	Candidate Name Kleinhendler For Congress		Category/ Type	Transaction ID : SB17.4151
	Office Sought: House Senate President Disbursement For Primary Other (s	General		
	State: NJ District: 03	- r		
				18044 15

SUBTOTAL of Disbursements This Page (optional).....

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) of the	FOR LINE NUMBER: (check only one) X 17
	ly information copied from such Reports and Statements me for commercial purposes, other than using the name and a			
\rangle	NAME OF COMMITTEE (In Full) Kleinhendler For Congress			
۹.	Full Name (Last, First, Middle Initial) JL Media Inc. Mailing Address 1600 Route 22			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Union NJ Purpose of Disbursement campaign advertising Candidate Name Kleinhendler For Congress	Zip Code 07083	Category/ Type	Amount of Each Disbursement this Period 4300.00 Transaction ID: SB17.4153
	Office Sought: House Senate President State: NJ Disbursement For Primary Other (s	General		
3.	Full Name (Last, First, Middle Initial) Steven Lerner Mailing Address 80 West Veterans Highway			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Jackson NJ Purpose of Disbursement campaign consulting	Zip Code 08527		Amount of Each Disbursement this Period 1100.00 Transaction ID: SB17.4165
	Candidate Name Kleinhendler For Congress Office Sought: Senate President State: NJ District: 03 Candidate Name Process Disbursement For Primary Other (s	General	Category/ Type	
Э.	Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 475 L'Efant Plaza SW			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	p Code 0260	Category/ Type	Amount of Each Disbursement this Period 3853.53 Transaction ID: SB17.4136
	Office Sought: House Disbursement For	General		
				0050.50

SUBTOTAL of Disbursements This Page (optional).....

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedul for each category of Detailed Summary Pa	e(s) (c the	PAGE 14 OF 19 heck only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and			son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kleinhendler For Congress			
Full Name (Last, First, Middle Initial) A. US Postal Service			Date of Disbursement
Mailing Address 475 L'Efant Plaza SW			05 22 2014
City State Washington DC	Zip Code 20260		Amount of Each Disbursement this Period
Purpose of Disbursement postage for campaign mailer Candidate Name			3853.53 Transaction ID : SB17.4141
Kleinhendler For Congress Office Sought: House Disbursement For		ategory/ Type	
Senate President State: NJ District: 03	y General (specify)		
Full Name (Last, First, Middle Initial) Voice Broadcasting Corp			Date of Disbursement
Mailing Address 1527 S. Cooper St			05 30 7 4 4 4 4
City State Arlington TX	Zip Code 76010		Amount of Each Disbursement this Period
Purpose of Disbursement campaign robocalls			850.00 Transaction ID : SB17.4156
Candidate Name Kleinhendler For Congress		ategory/ Type	Transaction is 1 05 m. 4100
State: NJ District: 03 Full Name (Last, First, Middle Initial)			
Sandra Wood			Date of Disbursement
Mailing Address 80 West Veterans Highway			05 23 2014
City State 2 Jackson NJ	Zip Code 08527		Amount of Each Disbursement this Period
Purpose of Disbursement graphic design for campaign literature			210.00
Candidate Name Kleinhendler For Congress		ategory/ Type	Transaction ID : SB17.4147
State: NJ District: 03			

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

•••	laye# 14341720327			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summan	of the	FOR LINE NUMBER: PAGE 15 OF 19 (check only one) X 17
	ny information copied from such Reports and Statements for commercial purposes, other than using the name and			
	NAME OF COMMITTEE (In Full) Kleinhendler For Congress	auditor of diff poi		
۹.	Full Name (Last, First, Middle Initial) Sandra Wood			Date of Disbursement
	Mailing Address 80 West Veterans Highway			05 23 2014
	City State Jackson NJ	Zip Code 08527		Amount of Each Disbursement this Period
	Purpose of Disbursement graphic design for campaign literature			200.00 Transaction ID : SB17.4149
	Candidate Name Kleinhendler For Congress		Category/ Type	
	Office Sought: House Disbursement Formation			
	Full Name (Last, First, Middle Initial)			5
3.	Mailing Address			Date of Disbursement
	•			
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	
	Office Sought: House Senate President Disbursement For Primar Other State: District:			
	Full Name (Last, First, Middle Initial)			
Э.				Date of Disbursement
	Mailing Address			
	City State 2	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name		Category/	
	Office Sought: House Disbursement For Senate Primar	y General	Type	
	President Other	(specify)		

State:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

District:

200.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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×	13a
	13b

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Detailed Summary Page Transaction ID: SC/10.4140 NAME OF COMMITTEE (In Full) Kleinhendler For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Howard Kleinhendler General Mailing Address Other (specify) 8 Cabinfield Circle City State ZIP Code NJ 08701 Lakewood Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 7000.00 0.00 7000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D21 ^D ^M 05^M ž014 0.00 11/30/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 7000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4150 NAME OF COMMITTEE (In Full) Kleinhendler For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Howard Kleinhendler General Mailing Address Other (specify) 8 Cabinfield Circle City State ZIP Code NJ 08701 Lakewood Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M ž014 0.00 11/30/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4155 NAME OF COMMITTEE (In Full) Kleinhendler For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Howard Kleinhendler General Mailing Address Other (specify) \blacktriangledown 8 Cabinfield Circle City State ZIP Code NJ 08701 Lakewood Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 950.00 0.00 950.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M ^D29^D ž014 0.00 11/30/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 950.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4162 NAME OF COMMITTEE (In Full) Kleinhendler For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Howard Kleinhendler General Mailing Address Other (specify) ullet8 Cabinfield Circle City State ZIP Code NJ 08701 Lakewood Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M06^M 02 ž014 0.00 11/30/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) 17950.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.